
COMBINED DECLARATION AND POWER OF ATTORNEY

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type: ☒ original.

(check one)

☐ design.

☐ supplemental.

☐ national stage of PCT.

☐ divisional.

☐ continuation.

☐ continuation-in-part (C-I-P)

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

DEVICES FOR USE BY DEAF AND/OR BLIND PEOPLE

SPECIFICATION IDENTIFICATION

the specification of which:

(a) ☒ is attached hereto.

(b) ☐ was filed on _____, as Serial No. _____
and was amended on _____ (*if applicable*).

(c) ☐ was described and claimed in PCT International Application No. _____, filed
on _____ and as amended under PCT Article 19 on
_____ (*if applicable*).

ACKNOWLEDGEMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, § 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

- ☐ in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 C.F.R. § 1.98.

POWER OF ATTORNEY

I hereby appoint the practitioners practicing at the following Customer Number to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.



34704

PATENT TRADEMARK OFFICE

SEND CORRESPONDENCE TO:

The above Customer Number.

DIRECT TELEPHONE CALLS TO:

Barry L. Kelmachter
(203) 777-6628 - ext. 112

DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or

imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE(S)

Full name of sole or first inventor:

R. I. C.
(signature)

Name: Raanan Lieberman

Date: 7/1/03

Country of Citizenship: USA

Residence Address:

79 Bayard Avenue

North Haven, CT 06473

Post Office Address: (SAME AS ABOVE)

Full name of second joint inventor, if any:

(signature)

Name: _____

Date: _____

Country of Citizenship: _____

Residence Address:

Post Office Address: (SAME AS ABOVE)

Full name of third joint inventor, if any:

(signature)

Name: _____

Date: _____

Country of Citizenship: _____

Residence Address:

Post Office Address: (SAME AS ABOVE)

Full name of fourth joint inventor, if any:

(signature)

Name: _____

Date: _____

Country of Citizenship: _____

Residence Address:

Post Office Address: (SAME AS ABOVE)

THIS DECLARATION ENDS WITH THIS PAGE.